A.2 Changes and Improvements

FY 2002 Performance Plan

The IHS has drafted its FY 2002 performance plan is based on updates in baseline data and other data related issues, the ability to address key external factors influencing success (see Section 1.4 on page 24), the level of attainment of related FY 1999 performance indicators, and the most current proposed funding level. The IHS has discontinued two indicators for both FY 2002 and FY 2002. The first is indicator addressing downsizing and maintaining a smaller administrative infrastructure while maintaining compliance with accountability requirements. This decision was based on a potential need for some increases in infrastructure to address the growing accountability requirements of Federal agencies.

The second indicator addressed increasing the number of agreements with other organizations that directly support GPRA performance indicators was discontinued for several reasons. First, a larger number of small single focus agreements have recently been folded into larger multiple focus agreements thus making the number of agreements to have little validity in assessing the actual level of collaboration occurring. Another reason to discontinue this indicator is that while we can and have tracked the agreements negotiated by IHS Headquarters, there is no practical way to do so for the many agreements that are negotiated at Area and local I/T/U levels that are indeed assisting in meeting performance indicators. Lastly, this is a process measure in which the validation and verification is extremely subjective and not consistent with the goal of the IHS moving toward more objective and evidenced-based measures whenever possible.

Six indicators have been added to the FY 2002 plan including:

- two new treatment indicators covering access to dental services for diabetics and reducing untreated dental decay in youths
- two prevention performance indicators covering HIV risk behavior and expanding tribal infrastructure for comprehensive injury prevention
- a new data related indicator for improving data quality and expanding information technology capability in collecting and monitoring GPRA clinical performance data.
- a new indicator addressing tribal Self-Determination support and Contract Support Costs

As part of efforts to continually improve performance data, the IHS will utilize a systematic sampling approach for several clinical indicators during the FY 2001. This sampling process will be used to validate recently developed automated data runs and identify problem areas in coding and collation of data with the goal of greater use of automated approaches in the near future.

Another improvement to the FY 2002 Performance Plan is the application of the Balanced Scorecard model. A discussion of this model has been included on pages 36-38 of this document that explains the use of the Balanced Scorecard in the Federal context. Furthermore, each performance indicator is classified as to which perspective of this construct it best fits under the heading of "Type of Indicator" that is included with the description of each individual indicator.

FY 2000 Performance Report

For FY 2000, of the 34 performance indicators in the plan we are now reporting on 29, with six are provisional findings pending further verification. Of these 29 indicators, 18 were achieved, nine partially achieved, and two not achieved. We will report on the remaining five indicators by this coming August.

Revisions to FY 2001 Performance Plan

The iterative process of developing the FY 1999-FY 2001 performance plans and drafting the FY 1999 performance report has been a significant learning process for the IHS. It has required the auditing of many different data sets to assess current access to health services (coverage) and baseline rates of various conditions. As part of efforts to continually improve performance data, the IHS will utilize an electronic sample procedure for three clinical indicators (Indicators 6,7 and 24) during FY 2001, and verify and validate this approach against a chart audit of a subset of the sample. This sampling and audit process will identify problem areas in coding and collation of data with the goal of greater use of automated approaches in the near future. In light of these findings, the IHS has revised several indicators for FY 2001 to assure more reliable, timely and accurate performance data.

In addition, analyses of recent workload data have revealed that expanding access to some services will be are likely to be affected by the growing problems in recruiting and retaining health care providers (see *Recruitment and Retention of Health Care Providers* on page 28). Based on these trends and the IHS FY 2001 funding level, we have adjusted the target levels of a few indicators to reflect more realistic probabilities of accomplishment for FY 2001.

For two indicators our efforts in FY 2000 have resulted in our ability to set higher performance targets in FY 2001 than originally proposed. Our success in achieving a higher score in the HHS Quality of Work-life survey for FY 2000 allowed us to raise the FY 2001 target from 95 points to 97 for Indicator 42. From a public health perspective, we are pleased that our efforts in FY 2000 in improving water fluoridation compliance in pilot sites through an agreement with CDC has resulted in increased focus and earmarked funding for FY 2001. As a result all Areas will benefit from this effort and the performance target for improved access to fluoridated water in FY 2001 is expanded beyond the pilot sites to include all IHS Areas.

This process has also identified opportunities for greater cooperation with outside entities such as CDC and NIH and indicators have been revised to build on these partnerships in addressing tobacco use, HIV/AIDS, and cardiovascular disease.

The table that follows summarizes the significant changes in content or magnitude to FY 2001 indicators originally submitted with the FY 2001 budget.

Original FY 2001 Indicator	Revised FY 2001 Indicator	Rationale for Change
Indicator 17: Not included	**Indicator 17:** During FY 2001, IHS will: • Conduct a pilot study at five sites to evaluate the potential of electronically extracting data from the RPMS to report on five clinical performance measures, • Begin one or more intervention studies at appropriate sites to resolve data quality problems that are identified in this and previous studies, • For any of these performance measures where the data quality is deemed to be sufficient to proceed, implement electronic data collection so that baseline data can be collected for FY 2002.	This indicator was added to support ongoing efforts to improve performance data quality and expanding automated approaches to data collection.
Indicator 21: By the end of FY 2001, improve IHS-wide consumer satisfaction by 5% over the FY 2000 baseline level	**Indicator 21:** By the end of FY 2001, secure OMB clearance on revised consumer satisfaction instrument.	Submission to OMB was not completed during FY 2000 because of revisions of the instrument and has delayed clearance until FY 2001, and collection of baseline until FY 2002.
Indicator 22: Improve the health status of American Indian and Alaska Native people by assuring that during FY 2001, the total number of public health nursing services (primary and secondary treatment and preventive services) provided to individuals in all settings and the total number of home visits are increased by 7% over the FY 2000 workload levels.	**Indicator 22:** Improve the health status of American Indian and Alaska Native people by assuring that during FY 2001, the total number of public health nursing services (primary and secondary treatment and preventive services) provided to individuals in all settings and the total number of home visits are increased by 3% over the FY 2000 workload levels.	Performance level adjusted to reflect the continued problem of recruitment and retention of health care providers and to reflect the IHS FY 2001 appropriation.
Indicator 23: Reduce the incidence of preventable disease by increasing the proportion of AI/AN children who have completed all recommended immunizations for ages 0-27 months (as recommended by Advisory Committee on Immunization Practices) during FY 2001 by 2% over the FY 2000 rate.	**Indicator 23:** Reduce the incidence of preventable disease by increasing the proportion of AI/AN children who have completed all recommended immunizations for ages 0-27 months (as recommended by Advisory Committee on Immunization Practices) during FY 2001 by 1% over the FY 2000 rate.	Performance level adjusted to reflect the continued problem of recruitment and retention of health care providers.

Original FY 2001 Indicator	Revised FY 2001 Indicator	Rationale for Change
Indicator 17: Not included	**Indicator 17:** During FY 2001, IHS will: • Conduct a pilot study at five sites to evaluate the potential of electronically extracting data from the RPMS to report on five clinical performance measures, • Begin one or more intervention studies at appropriate sites to resolve data quality problems that are identified in this and previous studies, • For any of these performance measures where the data quality is deemed to be sufficient to proceed, implement electronic data collection so that baseline data can be collected for FY 2002.	This indicator was added to support ongoing efforts to improve performance data quality and expanding automated approaches to data collection.
Indicator 21: By the end of FY 2001, improve IHS-wide consumer satisfaction by 5% over the FY 2000 baseline level	**Indicator 21:** By the end of FY 2001, secure OMB clearance on revised consumer satisfaction instrument.	Submission to OMB was not completed during FY 2000 because of revisions of the instrument and has delayed clearance until FY 2001, and collection of baseline until FY 2002.
Indicator 22: Improve the health status of American Indian and Alaska Native people by assuring that during FY 2001, the total number of public health nursing services (primary and secondary treatment and preventive services) provided to individuals in all settings and the total number of home visits are increased by 7% over the FY 2000 workload levels.	**Indicator 22:** Improve the health status of American Indian and Alaska Native people by assuring that during FY 2001, the total number of public health nursing services (primary and secondary treatment and preventive services) provided to individuals in all settings and the total number of home visits are increased by 3% over the FY 2000 workload levels.	Performance level adjusted to reflect the continued problem of recruitment and retention of health care providers and to reflect the IHS FY 2001 appropriation.
Indicator 23: Reduce the incidence of preventable disease by increasing the proportion of AI/AN children who have completed all recommended immunizations for ages 0-27 months (as recommended by Advisory Committee on Immunization Practices) during FY 2001 by 2% over the FY 2000 rate.	**Indicator 23:** Reduce the incidence of preventable disease by increasing the proportion of AI/AN children who have completed all recommended immunizations for ages 0-27 months (as recommended by Advisory Committee on Immunization Practices) during FY 2001 by 1% over the FY 2000 rate.	Performance level adjusted to reflect the continued problem of recruitment and retention of health care providers.

Original FY 2001 Indicator	Revised FY 2001 Indicator	Rationale for Change
Indicator 24: Reduce the incidence of preventable diseases, by increasing pneumococcal and influenza vaccination levels among adult diabetics and adults aged 65 years and older by 2% over the FY 2000 rates.	**Indicator 24:** Reduce the incidence of preventable diseases, by increasing influenza vaccination levels among adult diabetics and adults aged 65 years and older by 1% over the FY 2000 rates and securing baseline pneumococcal vaccination rates for this population.	Performance level adjusted to reflect the continued problem of recruitment and retention of health care providers and securing reliable assessments of pneumococcal vaccination rates. Data for this indicator are now collected by the use of electronically drawn random sample of patient records with verification of a subset by chart audit as part of a transition to more automated approaches to securing performance data. See the indicator write-up (pages 84-86) for description of this process.
Indicator 28: Improve physical fitness and model fitness behavior by assuring that by the end of FY 2001, at least five model Take Charge Challenge fitness programs will be organized and functioning at either IHS Area Offices or the I/T/U level.	**Indicator 28:** During FY 2001, the IHS will collaborate with NIH to assist three AI/AN communities develop culturally sensitive, multidimensional, community - directed pilot cardiovascular disease prevention programs.	This indicator has been modified to have a longer-term less prescriptive focus targeting the prevention of cardiovascular disease that will build on collaborative efforts already underway with NIH at three AI/AN pilot sites.
Indicator 31: Reduce high risk HIV/AIDS behaviors by assuring that at least 50% of the I/T/Us will have implemented an HIV/AIDS Needs Assessment to monitor and assess risks by individuals and tribal communities and develop appropriate interventions.	**Indicator 31:** During 2001, develop an approach for HIV/AIDS surveillance and establish a baseline for completeness of reporting in one IHS Area.	Indicator 31 was revised and Indicator 32 was added after analyses of available data revealed serious deficiencies in HIV/AIDS reporting across states and difficulties in comparing IHS and CDC data sets. In addition, through an interagency agreement with CDC, an experienced HIV/AIDS coordinator has jointed the IHS and is refocusing efforts to enhance surveillance, long-term program effectiveness, and collaborative partnerships.
Indicator 32: No Indicator Proposed Initially	**Indicator 32:** Obtain a baseline measure of the percentage of high risk sexually active persons who know their HIV status from a sample of IHS facilities.	See Explanation for Indicator 31 above.
Indicator 33: Reduce environmental threats to health by completing community environmental assessments of 90% of American Indian and Alaska Native communities in FY 2001 by the implementation of the environmental health surveillance system.	**Indicator 33:** By the end of FY 2001, complete field-testing of the protocol and implementation plan for an environmental health surveillance system and conduct environmental assessments in 15% of American Indian and Alaska Native communities.	Performance level adjusted to reflect the IHS FY 2001 appropriation and vacancies in critical staff during FY 2000 that delayed progress. In addition, Tribal consultation is requiring greater time than anticipated.

Original FY 2001 Indicator	Revised FY 2001 Indicator	Rationale for Change
Indicator 35: Improve home environmental health by providing sanitation facilities projects to serve 3,800 new or like-new homes and 11,455 existing Indian homes.	**Indicator 35:** Improve home environmental health by providing sanitation facilities projects to serve a total of 14,730 new or like-new homes and existing Indian homes.	Performance level adjusted to reflect the IHS FY 2001 appropriation.
Indicator 36: : Improve critically needed access to health care services by providing the following physical infrastructure: • Ft. Defiance, AZ Hospital: Continue construction of the replacement hospital and start design of part of the staff quarters; • Winnebago, NE Hospital: Continue construction of the replacement hospital. • Parker, AZ Health Center: Continue construction of the replacement health center. • Pawnee, OK Health Center: Start design of the replacement health center. • Small Ambulatory Construction Grants: Provide construction grants to tribes/tribal organizations. Dental Units: Provide dental units based on priority needs.	**Indicator 36:** : Improve critically needed access to health care services by providing the following physical infrastructure: **Hospitals:** Ft. Defiance, AZ-Constr..... Winnebago, NE-Constr..... **Outpatient Care Fac.:** Parker, AZ-Complete Constr..... Pawnee, OK -Complete Design.... **Staff Quarters:** Bethel, AK..... **Joint Venture Projects:** Equipment for tribally constructed projects **Small Ambulatory Grants:** Construction grants/contracts to tribes/tribal organizations **Dental Units:** Modular dental units	Performance level adjusted to reflect the IHS FY 2001 appropriation.
Indicator 37: To improve the IHS consultation process with its I/T/U stakeholders, during FY 2001 the IHS will implement the revised consultation policy and secure OMB clearance for the instrument to assess I/T/U stakeholder satisfaction with the consultation process.	**Indicator 37:** To improve the IHS consultation process with its I/T/U stakeholders, during FY 2001 the IHS will coordinate the completion and implementation of the revised IHS consultation policy and develop an instrument to assess satisfaction with the new policy.	Efforts to integrate diverse strategies for revising the consultation policy proposed by different stakeholder groups have resulted in a delay in the revision process start-up.

Original FY 2001 Indicator	Revised FY 2001 Indicator	Rationale for Change
Indicator 38: During the FY 2001 reporting period, the IHS will have improved the level of Contract Health Service (CHS) procurement of inpatient and outpatient hospital services for routinely used providers under contracts or rate quote agreements to at least 88% at the IHS-wide reporting level.	**Indicator 38:** During the FY 2001 reporting period, the IHS will have improved the level of Contract Health Service (CHS) procurement of inpatient and outpatient hospital services for routinely used providers under contracts or rate quote agreements to at least 79% at the IHS-wide reporting level.	Follow-up review of the FY 1997 data that the baseline was drawn from revealed that the original baseline analysis did not account for large amounts paid for single large payments out of the Catastrophic Health Emergency Fund, or adjustments for providers who have opted out of HCFA managed care programs. Thus, a new lower baseline has been calculated and targets have been reduced correspondingly.
Indicator 40: To increase collaborative support for improved health status of AI/AN people, the IHS will have increased the number of interagency agreements and cooperative agreements with agencies and organizations that are directly linked to performance plan indicators over the FY 2000 level.	**Indicator 40:** This Indicator has been discontinued for FY 2001.	With a larger number of agreements being folded into larger single agreements, the number of agreements now has little validity for assessing the level of collaboration. In addition, it was discovered that there is a large number of agreements at the Area and local level that are not monitored in a centralized way.
Indicator 39: During FY 2000, the IHS Headquarters and Areas will maintain full compliance with major Federal requirements (i.e., GPRA, GMRA, Clinger-Cohen Act, etc.), without expanding the administrative staff above the FY 1999 FTE target level.	**Indicator 40:** This Indicator has been discontinued for FY 2001.	Given growing accountability requirements and identified limitations in IHS public health infrastructure, this indicator may no longer be valid in supporting the IHS Mission, Goal, and Foundation..
Indicator 42: To improve job satisfaction and the quality of work life for IHS employees, the IHS will improve its overall Human Resource Management (HRM) Index score to at least 95 as measured by the DHHS annual HRM survey.	**Indicator 42:** To improve job satisfaction and the quality of work life for IHS employees, the IHS will improve its overall Human Resource Management (HRM) Index score to at least 97 as measured by the DHHS annual HRM survey.	The target has been raised for FY 2001 to build on the success of the score of 96 accomplished in FY 2000.
Indicator 43: : No Indicator Proposed Initially	**Indicator 43:** During FY 2001, the IHS will support the efficient, effective and equitable transfer of management of health programs to tribes submitting proposals or letters of intent to contract or compact IHS programs under the Indian Self-Determination Act by: a. developing a technical assistance "needs assessment" protocol for systematically identifying the technical assistance needs of new compacting and contracting tribes. b. develop a Contract Support Cost Review Protocol for systematically and consistently applying the IHS Contract Support Cost Policy to all initial contract support cost requests.	The indicator has been added to enhance focus on technical assistance to compacting and contracting tribes and assure the consistent application of the IHS Contract Support Cost Policy in reviewing contract support cost requests.